

## Exhibit B

USDA-APHIS-PPQ  
Project Planning and Reporting Worksheet

**Part B: Aerial Contract, Site Specific Description** DWP # \_\_\_\_\_

Rev# \_\_\_\_\_ Date Revised \_\_\_\_\_

Type of Contract:	
<input type="checkbox"/> A = Rangeland Treatment (Non-Full Service)	<input type="checkbox"/> B = Rangeland Treatment (Full Service)
<input type="checkbox"/> C = Rangeland Border Protection (Select One) <input type="checkbox"/> Full Service Stand-by <b>OR</b> <input type="checkbox"/> Non-Full Service Stand-By	
Pesticide: _____	<input type="checkbox"/> gallons <input type="checkbox"/> lbs Plus or minus <input type="checkbox"/> 25 percent
to be applied for control of <input type="checkbox"/> GH <input type="checkbox"/> MC <input type="checkbox"/> Other Estimated number of acres: _____	
Pesticide: _____	Rate of application (actual formulation per acre)
Pesticide will be delivered in: <input type="checkbox"/> bulk <input type="checkbox"/> barrels <input type="checkbox"/> bags <input type="checkbox"/> boxes <input type="checkbox"/> jugs <input type="checkbox"/> other <input type="checkbox"/> N/A full service contract	
Gal/lbs per unit: _____	
Pesticide loading equipment required: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Pesticide mixing equipment required: <input type="checkbox"/> Yes <input type="checkbox"/> No Type: _____ (Refer to SOW)	
Water Transport: <input type="checkbox"/> Yes <input type="checkbox"/> No (Refer to SOW)	
State: _____	
Location of treatment block(s): _____	
Location of pesticide storage site(s): _____	
Location of Airstrips: _____	
Estimated average ferry distance: (in miles ) _____	Elevation range of work area: (in feet) _____
Minimum block size: _____	Area not treated _____ %
Site specific information: Rough terrain _____ % Sensitive Areas _____ %	
Water _____ %	Buffers Required _____ % Congested areas _____ %
Application Aircraft Required: <input type="checkbox"/> Fixed Wing <input type="checkbox"/> Helicopter	
Category & Number: _____	Matched: <input type="checkbox"/> Yes <input type="checkbox"/> No Same Make & Model: <input type="checkbox"/> Yes <input type="checkbox"/> No
Observation Aircraft required: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Observation Speed capability _____ mph (Note: If application aircraft is category C = 150 mph, or if application aircraft is a category D = 130 mph).	
Aircraft Guidance and/or Flight Data Logging Requested: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> DGPS (guidance only) <input type="checkbox"/> DGPS (tracking/recording) <input type="checkbox"/> Flagging (See SOW for a description of each)	
Estimated reporting date _____	Estimated starting date _____
Number of operational hours allowed to complete the contract: _____	
Contracting Officer's Representative (COR)	
Name: _____	Phone: _____
Any additional information (Ex: Deviation from listed swath spacing; Reduced rates of application; carriers and volumes per acre, specialized loading equipment, ability to accept shapefiles, etc.):   	